

Clinical Leadership

Integrating Clinical Expertise with Leadership Excellence

Intensives Library · Leadership & Decision-Making

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Part 1 · Overview

Clinical Leadership

Clinical leadership in SUD treatment requires integrating deep clinical expertise with effective people leadership. The clinical leader must credibly navigate both domains — maintaining therapeutic excellence while building, developing, and sustaining high-performing teams. This intensive builds the foundational competencies for this dual role.

Core Competencies

Clinical expertise integration

Team development and coaching

Strategic clinical planning

Communication excellence

Conflict navigation

Professional modeling and credibility

Part 2 · Slides

Clinical Leadership Foundation

Integrating Clinical Expertise with Supervisory Leadership

INTRODUCTION

Clinical Leadership Foundation

Integrating Clinical Expertise with Supervisory Leadership

Clinical Leadership Foundation is the ability to effectively integrate clinical expertise with leadership responsibilities—one of the most challenging transitions for clinicians.

Dual nature: preserve clinical expertise while developing leadership

Transform clinical expertise into a leadership tool

Think beyond individual cases to program effectiveness

Balance immediate clinical concerns with strategic implications

Elevate team performance while maintaining treatment quality

CHALLENGES

Clinical-Leadership Integration Difficulties

The Identity Transition

Many excellent clinicians struggle when promoted because clinical work and leadership require seemingly contradictory skill sets and perspectives.

Balancing time between direct clinical activities and leadership

Shifting between clinical thinking and leadership thinking

Navigating torn identity between clinician and leader

Applying clinical skills to leadership situations effectively

Maintaining clinical edge while developing as supervisor

CHALLENGES

Credibility Management Struggles

The Dual Constituency Dilemma

Maintaining trust with both clinical staff and organizational leadership simultaneously while navigating competing demands and expectations.

Being viewed as 'real' leader by organizational leadership

Maintaining clinical staff respect with unpopular policies
Balancing clinical expert and organizational representative roles
Representing organizational interests while advocating for staff
Preventing staff from questioning leadership decisions

CHALLENGES

Clinical Guidance and Empowerment Conflicts

The Micromanagement-Autonomy Balance

The tension between providing clinical guidance and fostering staff independence creates one of supervision's most persistent challenges.

Resisting urge to micromanage clinical decisions
Providing guidance without taking over cases completely
Knowing when to intervene versus when to coach
Balancing clinical support with staff independence
Teaching staff to solve problems versus solving them yourself

CHALLENGES

Evidence-Based Leadership Modeling Challenges

Maintaining Excellence Across Domains

Demonstrating clinical excellence while managing leadership demands requires continuous development in both areas simultaneously.

Modeling evidence-based practices amid leadership demands
Staying current with clinical best practices
Demonstrating excellence without providing direct care regularly
Translating clinical practices into leadership practices
Maintaining clinical skills while developing leadership competencies

CHALLENGES

Clinical-Administrative Balance Difficulties

When Systems Feel Like Interference

Administrative tasks can feel like obstacles to clinical supervision rather than tools for supporting clinical excellence.

Feeling overwhelmed by administrative tasks

Missing connection between administrative requirements and quality

Administrative duties interfering with clinical guidance

Integrating clinical oversight with operational management

Administrative responsibilities diminishing clinical leadership value

CHALLENGES

Systems Thinking Development Struggles

Beyond Individual Patient Focus

Clinical training focuses on individual patients, while leadership requires understanding population outcomes, patterns, and strategic implications.

Seeing beyond individual cases to program-wide patterns

Understanding impact of clinical decisions on organizational objectives

Connecting clinical outcomes to performance measures

Thinking strategically about program development

Balancing individual patient needs with programmatic efficiency

COMPETENCIES

Clinical-Leadership Integration Excellence

Unified Professional Identity

Seamless blending of clinical expertise with leadership responsibilities creates enhanced effectiveness in both domains.

Seamlessly integrate clinical expertise with leadership responsibilities

Use clinical background to inform leadership decision-making

Maintain clinical identity while embracing leadership role

Apply clinical assessment skills to team performance evaluation

Leverage clinical experience to enhance leadership credibility

COMPETENCIES

Credibility Management Mastery

Multi-Constituency Trust

Maintaining trust and respect with both clinical staff and organizational leadership through transparent, competent representation of both.

Maintain strong credibility with both constituencies simultaneously

Represent organizational interests while maintaining staff trust

Be viewed as both clinical expert and effective leader

Balance advocacy for staff with accountability to objectives

Use clinical expertise to strengthen leadership influence

COMPETENCIES

Clinical Guidance and Empowerment Balance

Developing Staff While Maintaining Quality

Providing clear clinical direction while fostering staff independence through strategic coaching and graduated supervision.

Provide clear guidance while empowering independent decisions

Know when to intervene directly versus coach through challenges

Balance clinical support with staff independence and growth

Use case consultation as development tool, not just problem-solving

Create learning opportunities enhancing skills while maintaining standards

COMPETENCIES

Evidence-Based Leadership Modeling

Demonstrating Excellence Through Leadership

Consistently modeling clinical excellence through supervision practices while staying current with both clinical and leadership best practices.

Model evidence-based clinical practices while fulfilling leadership duties

Stay current with best practices and integrate into leadership approach

Demonstrate clinical excellence through supervision, not just direct care

Apply evidence-based principles to leadership decisions

Maintain and enhance clinical competencies alongside leadership skills

COMPETENCIES

Clinical-Administrative Integration

Systems as Clinical Tools

Viewing administrative processes as tools for supporting clinical excellence rather than competing demands or burdens.

Integrate clinical oversight with administrative management effectively

Understand and communicate administrative-quality connections

Use administrative processes to support clinical supervision

Balance clinical priorities with operational efficiency and compliance

View administrative responsibilities as tools supporting excellence

COMPETENCIES

Systems Thinking Application

Strategic Clinical Leadership

Expanding perspective from individual patient focus to program-wide patterns, outcomes, and strategic implications for long-term success.

Analyze individual cases within broader program patterns context

Understand how clinical decisions impact organizational performance

Connect clinical quality improvements to organizational success measures

Think strategically about program development and sustainability

Balance individual advocacy with programmatic effectiveness

DEVELOPMENT

Developing Clinical-Leadership Integration

Building Meta-Skills

View clinical situations through both clinical and leadership lenses simultaneously to extract leadership lessons from clinical experiences.

Practice dual-lens perspective on clinical situations

Extract leadership lessons from clinical experiences

Apply clinical assessment skills to team dynamics

Create regular reflection practices on integration

Recognize how clinical background enhances leadership effectiveness

DEVELOPMENT

Building Credibility Strategically

Transparent Dual Representation

Develop transparent communication about dual role while building competence through consistent follow-through in both domains.

Communicate transparently about dual role and responsibilities

Help clinical staff understand organizational constraints

Help organizational leadership understand clinical realities

Build credibility through consistent follow-through

Demonstrate competence in both clinical and leadership domains

DEVELOPMENT

Mastering Graduated Supervision

From Direction to Autonomy

Practice moving from direct guidance to collaborative consultation to independent oversight based on staff capabilities and situation complexity.

Adapt supervision style to staff capabilities and situation

Move from direct guidance → collaboration → independent oversight

Develop coaching skills that build clinical reasoning

Resist temptation to solve all clinical problems directly

Use clinical expertise to develop staff capabilities

DEVELOPMENT

Maintaining Clinical Excellence

Staying Current and Relevant

Stay actively engaged with clinical literature, training, and credentials while applying clinical principles to leadership challenges.

Stay actively engaged with clinical literature and best practices

Attend clinical training and maintain clinical credentials

Apply clinical assessment principles to team performance

Apply clinical intervention principles to organizational challenges

Model rigorous thinking in leadership decisions

DEVELOPMENT**Integrating Administrative Excellence****Systems Support Clinical Goals**

Learn to see administrative systems as clinical tools that improve care coordination, treatment engagement, and patient protection.

See documentation systems as care coordination tools

View scheduling processes as treatment engagement optimizers

Recognize compliance measures as patient and staff protection

Develop administrative competencies that free up clinical time

Build administrative efficiency supporting clinical supervision

DEVELOPMENT**Developing Systems Thinking****Multiple-Level Analysis**

Practice analyzing clinical situations at individual, team, program, and organizational levels to identify patterns and strategic implications.

Analyze situations at individual, team, program, organizational levels

Identify patterns across cases, not just individual situations

Understand how clinical quality connects to organizational sustainability

Balance population outcomes with individual patient outcomes

Develop strategic perspective on resource allocation

Part 3 · Mind Map

Clinical Leadership Development Map

Identify your specific clinical leadership integration patterns

About This Development Map

This personalized map helps you move beyond generic understanding to recognize the highly specific way clinical leadership integration operates in your supervisory practice. For each dimension, list specific examples that reflect your current reality. Update this map regularly as you discover new patterns or develop more effective integration approaches.

Clinical-Leadership Integration

Example: I struggle to transition smoothly between clinical case consultation and administrative planning meetings, often feeling like I'm switching between different professional identities

Your specific examples:

List specific examples from your supervisory practice...

Credibility Management

Example: When organizational leadership asks me to implement new documentation requirements, my clinical staff question whether I still understand their daily realities

Your specific examples:

List specific examples from your supervisory practice...

Clinical Guidance and Empowerment Balance

Example: During clinical consultations, I tend to take over problem-solving rather than coaching staff through their own clinical reasoning process

Your specific examples:

List specific examples from your supervisory practice...

Evidence-Based Leadership Modeling

Example: I find it challenging to stay current with clinical research while managing leadership responsibilities, and worry that my clinical knowledge is becoming outdated

Your specific examples:

List specific examples from your supervisory practice...

Clinical-Administrative Integration

Example: I view quality assurance activities as interruptions to clinical supervision rather than tools for improving clinical outcomes

Your specific examples:

List specific examples from your supervisory practice...

Systems Thinking Development

Example: When reviewing individual cases, I focus on immediate clinical concerns without considering how patterns across cases might inform program improvements

Your specific examples:

List specific examples from your supervisory practice...

Part 4 · Assessment

Clinical Leadership Foundation Self-Assessment

Integrating Clinical Expertise with Supervisory Leadership

This self-assessment helps clinical supervisors identify and develop the critical competency of Clinical Leadership Foundation.

Part 1: Identifying Clinical Leadership Integration Challenges

Rate each statement: 1 = Never/Not at all, 2 = Rarely/Minimally, 3 = Sometimes/Moderately, 4 = Often/Considerably, 5 = Always/Extensively

Clinical-Leadership Integration Difficulties

I struggle to balance time between direct clinical activities and leadership responsibilities.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find it difficult to shift between clinical thinking and leadership thinking throughout the day.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I feel torn between my identity as a clinician and my role as a leader.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I have trouble applying clinical skills to leadership situations effectively.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I feel like I'm losing my clinical edge since becoming a supervisor.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Credibility Management Struggles

I worry that organizational leadership doesn't view me as a 'real' leader because of my clinical background.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I struggle to maintain clinical staff respect when enforcing unpopular organizational policies.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find it difficult to be seen as both a clinical expert and an organizational representative.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I feel caught between representing organizational interests and advocating for clinical staff.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I worry that my clinical staff question my leadership decisions because they see me primarily as a clinician.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Clinical Guidance and Empowerment Conflicts

I find myself micromanaging clinical decisions because I don't trust staff clinical judgment.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I struggle to provide clinical guidance without taking over cases completely.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I have difficulty knowing when to intervene directly versus coaching staff through clinical challenges.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find it hard to balance providing clinical support with developing staff independence.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I tend to default to solving clinical problems myself rather than teaching staff to solve them.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Evidence-Based Leadership Modeling Challenges

I struggle to model evidence-based practices consistently while managing multiple leadership demands.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find it difficult to stay current with clinical best practices while handling administrative responsibilities.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I have trouble demonstrating clinical excellence when I'm not providing direct patient care regularly.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I struggle to translate evidence-based clinical practices into evidence-based leadership practices.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find it challenging to maintain clinical skills while developing leadership competencies.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Clinical-Administrative Balance Difficulties

I feel overwhelmed by administrative tasks that pull me away from clinical supervision.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I struggle to see the connection between administrative requirements and clinical quality.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find administrative duties interfere with my ability to provide meaningful clinical guidance.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I have difficulty integrating clinical oversight with operational management effectively.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I feel like administrative responsibilities diminish my value as a clinical leader.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Systems Thinking Development Struggles

I find it difficult to see beyond individual patient cases to program-wide clinical patterns.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I struggle to understand how my clinical decisions impact broader organizational objectives.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I have trouble connecting clinical outcomes to organizational performance measures.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I find it challenging to think strategically about clinical program development and improvement.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I struggle to balance individual patient needs with programmatic efficiency and effectiveness.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Part 2: Demonstrating Clinical Leadership Foundation Competencies

Clinical-Leadership Integration Excellence

I seamlessly integrate clinical expertise with leadership responsibilities throughout my daily practice.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I use my clinical background to inform and strengthen my leadership decision-making.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I maintain my clinical identity while fully embracing my leadership role and responsibilities.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I effectively apply clinical assessment skills to evaluate team performance and dynamics.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I leverage my clinical experience to enhance my credibility and effectiveness as a leader.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Credibility Management Mastery

I maintain strong credibility with both clinical staff and organizational leadership simultaneously.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I effectively represent organizational interests while maintaining clinical staff trust and respect.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am viewed as both a clinical expert and an effective organizational leader.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I successfully balance advocacy for clinical staff with accountability to organizational objectives.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I use my clinical expertise to strengthen my leadership influence and decision-making authority.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Clinical Guidance and Empowerment Balance

I provide clear clinical guidance while empowering staff to make independent clinical decisions.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I know when to intervene directly in clinical situations versus when to coach staff through challenges.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I effectively balance providing clinical support with developing staff clinical independence and growth.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I use clinical case consultation as a tool for staff development rather than just problem-solving.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I create learning opportunities that enhance staff clinical skills while maintaining quality standards.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Evidence-Based Leadership Modeling

I consistently model evidence-based clinical practices while fulfilling leadership responsibilities.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I stay current with clinical best practices and integrate this knowledge into my leadership approach.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I demonstrate clinical excellence through my supervision and leadership practices rather than just direct care.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I apply evidence-based principles to leadership decisions and team management strategies.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I maintain and enhance my clinical competencies while developing advanced leadership skills.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Clinical-Administrative Integration

I effectively integrate clinical oversight with administrative management responsibilities.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I understand and communicate the connection between administrative requirements and clinical quality.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I use administrative processes to support and enhance clinical supervision and team development.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I balance clinical priorities with operational efficiency and organizational compliance requirements.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I view administrative responsibilities as tools for supporting clinical excellence rather than burdens.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Systems Thinking Application

I analyze individual clinical cases within the context of broader program patterns and outcomes.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I understand how clinical decisions impact organizational performance and strategic objectives.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I effectively connect clinical quality improvements to organizational success measures.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I think strategically about clinical program development, improvement, and long-term sustainability.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I balance individual patient advocacy with programmatic effectiveness and resource stewardship.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Scoring guide

High Clinical Leadership Integration Challenge

You experience significant difficulties integrating clinical expertise with leadership responsibilities across multiple dimensions.

Moderate Clinical Leadership Integration Challenge

You experience notable challenges in several areas of clinical leadership integration.

Mild Clinical Leadership Integration Challenge

You experience some difficulties with clinical leadership integration but maintain effectiveness in several areas.

Low Clinical Leadership Integration Challenge

You have developed good integration of clinical expertise with leadership responsibilities.

Strong Clinical Leadership Foundation

You demonstrate robust integration of clinical expertise with leadership responsibilities across multiple dimensions.

Developing Clinical Leadership Foundation

You have established several important clinical leadership competencies but have opportunities to strengthen integration.

Basic Clinical Leadership Foundation

You have begun developing clinical leadership integration but need substantial development in several areas.

Limited Clinical Leadership Foundation

Your current clinical leadership integration may be insufficient for effective clinical supervision and leadership.

Your clinical leadership challenges outweigh your demonstrated competencies. Focus urgently on strengthening integration skills while addressing persistent challenges.

Your competencies slightly outweigh challenges. Strengthen integration competencies while systematically addressing persistent challenges.

You have established a healthy balance of competencies relative to challenges, providing good foundation for effective clinical leadership.

Your competencies substantially outweigh challenges, creating strong potential for exceptional clinical leadership effectiveness.

Clinical Leadership Competencies

Review learning slides to understand clinical leadership integration patterns

Complete the Clinical Leadership Development Map to identify specific patterns

Develop one graduated supervision approach this week

Build transparent communication about your dual role with staff and leadership

Stay engaged with clinical literature while developing leadership competencies

Create one system to integrate administrative tasks with clinical goals

Your Clinical Leadership Profile

Clinical Leadership Integration Ratio

Part 5 · Worksheet

Clinical Leadership Self-Reflection

Deepen your understanding and plan your development

About This Worksheet

Use these reflection questions to deepen your understanding of your clinical leadership integration patterns, challenges, and opportunities. Take your time with each question, and return to update your reflections as your practice evolves.

Understanding Your Clinical Leadership Integration Profile

1. Which aspect of clinical leadership foundation represents your greatest strength, and how do you leverage this strength in your daily supervisory practice?

Your reflection...

2. Which dimension presents your most significant integration challenge, and what specific situations tend to trigger difficulties in this area?

Your reflection...

3. How do your clinical background and training both support and create challenges for your leadership effectiveness?

Your reflection...

4. What clinical leadership integration experiences have surprised you most, either positively or negatively, and what did they teach you about balancing these roles?

Your reflection...

5. How has your clinical leadership integration evolved since you first moved into a supervisory position, and what factors have most influenced this development?

Your reflection...

The Psychology of Your Clinical Leadership Approach

1. How do you reconcile your clinical identity with your leadership responsibilities, and what internal conflicts do you experience in this integration?

Your reflection...

2. What clinical values and principles most strongly influence your leadership style, and how do these show up in your supervision practice?

Your reflection...

3. How do you handle situations where clinical best practices seem to conflict with organizational requirements or constraints?

Your reflection...

4. What aspects of clinical leadership integration energize you most, and what aspects create stress or drain your energy?

Your reflection...

5. How do you maintain your clinical competence and credibility while developing leadership skills and taking on broader responsibilities?

Your reflection...

Developing Your Clinical Leadership Integration

1. What specific strategies have proven most effective for your strongest clinical leadership competency, and how might you apply similar approaches to challenging areas?

Your reflection...

2. What role do clinical mentorship, leadership training, and peer consultation play in your ongoing development as a clinical leader?

Your reflection...

3. How do you balance continuing your clinical education with developing leadership competencies and meeting current responsibilities?

Your reflection...

4. What clinical leadership practices do you want to implement or strengthen, and what barriers might prevent you from making these changes?

Your reflection...

5. How do you measure your effectiveness as a clinical leader beyond basic metrics like compliance or staff retention?

Your reflection...

Building Clinical Leadership Excellence

1. What would clinical leadership excellence look like in your specific organizational context, and what steps would move you closer to this vision?

Your reflection...

2. How do you balance your individual clinical leadership style with organizational expectations and industry best practices?

Your reflection...

3. What would it look like to view clinical leadership challenges as opportunities for integration and growth rather than just problems to solve?

Your reflection...

4. How might your clinical leadership approach need to evolve as your team, organization, or the field changes over time?

Your reflection...

5. What legacy do you want to create as a clinical leader, and how does your daily practice align with this vision?

Your reflection...

Action Planning

Select 2-3 clinical leadership areas to develop with specific action plans

Action Plan 1

Focus Area (e.g., Credibility Management, Systems Thinking)

Which clinical leadership dimension?

Define the Specific Integration Challenge

What specific challenge are you addressing?

Current Gaps & Desired Outcomes

What's missing? What does success look like?

Clear, Measurable Goals

What specific, measurable goals will you set?

Specific Action Steps

Break down goals into concrete steps...

Accountability & Support Measures

Who will support you? How will you track progress?

Timeline for Implementation

When will you start and complete this?

Potential Obstacles & Setbacks

What might get in the way? How will you address these?

Scoring guide

No action plans yet. Add 2-3 specific areas you want to develop.